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Chair

Mr. Daryl Kramp

Standing Committee on Public Safety and National Security

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● (1530)

[*English*]

The Chair (Mr. Daryl Kramp (Prince Edward—Hastings, CPC)): Colleagues, I will call to order the Standing Committee on Public Safety and National Security. This is meeting number 36, and we're continuing our study on Bill C-2 today.

We have two hours of witness testimony today. For the first hour, we have with us Dean Wilson, prior plaintiff. By video conference from Vancouver we have from the Drug Prevention Network of Canada, David Berner, executive director, and from the Vancouver Police Department, Inspector Scott Thompson, district 1 commander, operations division.

Gentlemen, on behalf of the committee, I welcome you.

Colleagues, the second hour of testimony and questioning today will be cut a little short due to the bells. I'll give you notice now so that you can be prepared for that.

We will now proceed with the first hour of business today.

Gentlemen, I will call you to the table here and inform you that you have up to 10 minutes for an opening statement. Since time is rather tight, the chair will keep you to that. If you can make it a little bit shorter, that would be much appreciated.

Mr. Dean Wilson, you have the floor, sir.

Mr. Dean Wilson (Prior Plaintiff, As an Individual): Thank you. I'm a little nervous. The last time I was dressed like this in front of people like you, the last thing I heard was “guilty as charged”.

I appreciate the chance to give testimony regarding Bill C-2, but I'm also confused. I thought the Supreme Court of Canada's decision of September 30, 2011, finalized the issue of supervised injection sites. The court decided that supervised injection sites were legal and constitutional. I guess the present government feels it can sidestep the highest court's decision, and because the legal route has now closed, it will regulate supervised injection sites out of business.

One only has to read the three judgements, those of the Supreme Court of British Columbia, the appellate court of British Columbia, and the Supreme Court of Canada, to feel the spirit in which the courts framed the supervised injection site issue within the laws of Canada. What those judgements specify is that supervised injection sites are a medical issue and should be treated as such.

I know the decisions do not sit well with the Conservative government, and it wishes to shut down supervised injection sites, stating it supports the treatment of drug addicts over harm reduction initiatives. This is incredibly misleading, as the government does not support treatment either. The Auditor General's report of 2002 showed 95¢ of every dollar the government spends on the illicit drug issue goes to enforcement, leaving only 5¢ for everything else, including treatment. This does not sound like support to me. In fact, it makes me feel the federal government doesn't care about the most downtrodden of its citizens.

I realize drug addicts seem to be the new pariahs and the only outcome is jail or the cemetery, but I believe from personal experience that everyone counts.

I'm a 58-year-old man who presently has five years of sobriety. Before that, I was a street-entrenched polydrug addict using heroin and cocaine, which very few people supported even though I was a noted advocate for the rationalization around the drug issue, which was documented in the Genie Award-winning documentary *Fix: The Story of an Addicted City.*

I know the following seems counterintuitive, but it was the building of relationships with the medical staff at Insite that allowed me to take the first step, that being detox. I relapsed the first few times, but through perseverance by the staff at Insite and myself, I now live a straight life. It proves that anyone can change.

This change is what everyone in the downtown eastside really wants. This is not a party drug consumption place where people smoke a couple of joints on a Friday night. These streets are filled with people who have experienced incredible trauma in their lives and are just trying to cope.

I recall the story of a 19-year-old girl I met at Insite. She said it was her birthday. I said happy birthday to her, but she indicated that birthdays were incredibly sad to her. I asked why. She bluntly stated that on her 10th birthday, her father passed her around sexually to her three uncles. I was left speechless. How does anyone cope or recover from something so horrible? This is just one of many stories in the downtown eastside of Vancouver. I do not care what anyone says: that girl deserves whatever treatment is needed, including supervised injection.

Sometimes I wonder if those opposed to our centre actually know the full extent of the work we do there. I think we do a disservice in Canada and Europe by the names we call our sites. “Drug consumption rooms” in Europe and “supervised injection sites” in Canada are very descriptive phrases, but only describe a very small part of the services we offer.

In Canada at Insite our model is similar to the “drogenhaus” treatment centres in Germany. These are multiple-floor treatment centres where the higher up you go, the more involved is your treatment.

On the first floor at Insite we have the supervised injection room, but also a chill room where we can observe people both before and after injection, a health room where nurses on site can triage, and also two staff members who circulate among the users and try to hook them up with whatever services might be needed.

I have seen these staff members get housing for people, get them to health care, and in one case go so far as to get a person a bus ticket home, which we know had a very good outcome.

On the second floor is the detoxification centre. It is ironic that for a government that only believes in treatment, it took Insite, the supervised injection site, to open the first new detox in Vancouver in decades that I'm aware of.

It is the third floor that is critical. It is the transitional housing unit. Let me explain.

● (1535)

Most people can detox from a drug they are using in 7 to 10 days, but most long-term treatment centres require 30 days clean before they will admit someone. This left us with a 20-day gap, where the person leaving detox typically had to go back to the same environment that caused them to seek detox in the first place. The transitional housing unit therefore allows the person to stay in a treatment environment until they can get into long-term treatment centres. Bridging this three-week gap has been the most important service that I have seen, second only to the critical initial intervention that is the supervised injection. The results of all this have been documented in many scientific journals.

As for the science behind supervised injection sites, I can quote ad nauseam the scientific and medical published papers in support of Insite. In fact, there are over 60 published papers in support of Insite and I have yet to see one that does not support the work being done there.

In Bill C-2, Canadian Police Association president Tom Stamatakis is quoted as saying that in his experience, supervised injection sites “lead to an increase in criminal behaviour”. This is not backed up by science. Papers in both Canada and Europe suggest the exact opposite. Again, it seems counterintuitive, but again I believe the relationships between the drug users and the staff at Insite have a lot to do with this. While purely anecdotal, I have seen a great resurgence in those who visit Insite. It's like they have realized that somebody actually cares about them, and therefore, they want to care about themselves. This is certainly the first step to reclaiming their lives.

I think the government should be assisting, not putting up roadblocks, when helping communities with problems surrounding the drug issue. Supervised injection sites are not the only answer, but they certainly have a part to play with the street-entrenched drug user. Supervised injection sites hold out the first line of treatment and we should be doing everything possible to replicate the successes of Insite.

We do not support putting up supervised injection sites if all the supports are not in place. We also strongly believe that this is a medical issue and has to be treated as such. While enforcement is part of every discussion on the drug issue, it should not be weighed more heavily than any other part. We should also use this discussion to talk about more traditional treatment protocols. More detox centres are needed, as well as transitional housing units and long-term treatment centres.

This brings me to another dilemma. Why is the government tossing aside the law and the science regarding this issue? Is it based purely on the moral aspect of this issue? If this is, they are again wrong. There have been over two million injections at Insite, with 4,000 medically intervened overdoses, yet not one life has been lost. This goes in the face of Bill C-2's assertion that only one life per year is saved.

This brings me to the fact that I surely hold the higher moral ground. I choose to help the most disenfranchised in our communities. The only comparison I can think of is the lepers of biblical times. Their communities also shunned them. But as now, so was it then, and there are some who have chosen to help. I will close with this: If Jesus were alive today, he certainly, most certainly, would support supervised injections sites.

Thank you.

● (1540)

The Chair: Thank you very much, Mr. Wilson. I appreciate your comments.

Now we will go to Mr. Berner, please.

Mr. David Berner (Executive Director, Drug Prevention Network of Canada): Honourable members, the Drug Prevention Network of Canada is pleased to support Bill C-2, an act to amend the Controlled Drugs and Substances Act, known as the respect for communities act.

So-called safe injection sites, which are hubs for illegal and anti-social behaviours, will not be welcomed by neighbourhoods if these operations are simply thrust upon them. Asking the promoters of this failed and woollen-headed experiment to answer some serious questions before building their empire at the expense of local integrities is the very least we can do as a democracy. We applaud the current administration for this initiative.

Let's look at pieces of the bill and at the real evidence, not the questionable studies presented by the very people who built Insite.

A report by the BC Centre for Excellence in HIV/AIDS on harm reduction programs and Insite released last summer, for example, is not science; it's public relations. Authors Julio Montaner, Thomas Kerr, and Evan Wood have produced nearly two dozen papers on the use of Insite. They have been awarded more than $18 million of taxpayer money in recent years. Predictably, they boast of good results in connecting addicts to treatment, but convincing evidence is not only lacking, it's non-existing.

The current campaign reports significant reductions in drug overdoses, yet the Government of British Columbia selected vital statistics and health status indicators show that the number of deaths from drug overdose in Vancouver's downtown eastside has increased every year, with one exception, since the site opened in 2003.

In addition, the federal government's own advisory committee on drug injection sites report only 5% of drug addicts use the injection site and 3% were referred for treatment. I believe that's terribly high. There is no indication the crime rate has decreased as well as no indication of decrease in AIDS and hepatitis C since the injection site was opened.

Claims of success for Insite made in *The Lancet*, the famous British medical journal, in 2011 were challenged vigorously in a 15-page heavily documented response and by addiction specialists from Australia, the U.S., and Canada and by a former Vancouver Police Department officer who worked the downtown eastside for years.

In “A Critical Evaluation of the Effects of Safe Injection Facilities” for the Institute on Global Drug Policy, Dr. Garth Davies who is a Simon Fraser University associate professor wrote:

> However, the methodological and analytic approaches used in these studies have not been scrutinized to any significant degree. Previous studies are compromised by an array of deficiencies, including a lack of baseline data, insufficient conceptual and operational clarity, inadequate evaluation criteria, absent statistical controls, dearth of longitudinal designs, and inattention to intrasite variation. [...[In truth, none of the impacts attributed to SIFs can be unambiguously verified.

Ladies and gentlemen, here is exactly what happened. The three good doctors were originally working on HIV/AIDS, and they did something curious because it had an unintended consequence. They resolved the problem of HIV/AIDS in a wonderful way, and their work is magnificent, but they put themselves out of work, so they turned their attention to addictions using the same template to get money and to support what they believe and so on. It's the old journalistic story of follow the money.

I had dinner a few months ago with somebody who used to work at Insite, and he said that he had to quit because he thought the place was evil. I said we agreed on that but why did he think it was evil? He told me it was because he had seen the so-called researchers counting one addict five times. He'd seen this several times. He has also seen so-called researchers interviewing an addict moments after the addict has just shot up. Now I ask you all when you leave this committee meeting, please go to the local hospital and go in a room where somebody is in a coma and try to interview them and see what that's like, because that's what you will get when you talk to someone who has just shot up.

Dr. Colin Mangham, who is on the board of directors of the Drug Prevention Network of Canada, has been a researcher in this field since 1979. He said:

> The proposal for Insite was written by the same people who are evaluating it – a clear conflict of interest. Any serious evaluation must be independent. All external critiques or reviews [of the Insite evaluations], there are four of them — found profound overstatements and evidence of interpretation bias. All of the evidence — on public disorder, overdose deaths, entry into treatment, containment of serum borne viruses, and so on — is weak or [entirely] non-existent and certainly does not support the claims of success. There is every appearance of the setting of an agenda before Insite ever started, then a pursuit of that agenda, bending or overstating results wherever necessary.

● (1545)

Let's look at the bill itself. Under proposed new subsection 56.1 (3), the minister “may consider an application...after the following priorities have been established”, and I will just refer to two of them: “(a) scientific evidence demonstrating...medical benefit...”. Well, we submit to you that there is no such legitimate clear, clean, and independent evidence. Quite the contrary, nothing has changed. The very idea that giving addicts a place to shoot up will help them in any manner shows an extraordinary lack of understanding of the issue of addiction.

Let me make this very simple and very clear. What do addicts want? Addicts want more. The don't want more tickets to ball games. They don't want more children. They don't want more bicycles. They don't want more violin lessons. They want more drugs. That's what they want, so an addicted man or woman may inject under a nurse’s supervision, but two hours later, that same addict is back in the alley doing what he or she knows how to do. Why? The addict's life is not about a quarter of a gram of inert white powder; it is about a culture and a way of living.

Going back to the criteria, “The Minister may consider an application...”, proposed new paragraph 56.1(b)(iii) says “provides information about access to drug treatment” centres. Oh, that this were so. I happen to know every treatment centre in British Columbia and most in Canada because of the work I do, and in spite of Mr. Wilson's passionate testimony, let me give you my passionate testimony. I have yet to hear of one addict—one—being referred to a treatment centre. I haven't met him. I haven't heard of her. I don't know their names because it doesn't happen. I know all the people who run treatment centres and they will all tell you that they've never had an addict being referred from Insite.

You see, Insite is not about recovery. The good doctors who built it actually don't believe in recovery. They think that abstinence is a fantasy. The provincial health authorities don't support abstinence-based recovery, and these are the very people who whisper in the ear of the provincial health minister. All of these people want to give addicts free needles, free crack pipe kits, free heroin, methadone, lessons on wine making for alcoholics, and comfy places to shoot up. Insite, you have to understand, is the tip of the iceberg. It is the flagship for a very dark philosophy that says, "You, my boy, are hopeless, so we're going to keep you pacified and pray that you will not break into our condos and cars". You can see how this arrogant and misguided approach is working, how elegantly it fails to enhance the lives of either addicts or communities.

The sad truth, ladies and gentlemen, is this. In my province, the poor get methadone and the rich get private treatment clinics. I happen to work at one of those rich private treatment clinics.

On proposed new paragraph 56.1(3)(i), item (iii), "the presence of inappropriately discarded drug-related litter", I have a friend who owns a building in the downtown eastside. She's trying to run a business there, and she has been fighting with the City of Vancouver for two years asking if it would please remove those damned blue boxes from the back alley, and the City said, no, that's where the addicts are going to throw their needles.

I don't know if you're aware of this, but I don't know of any addicts who are up for good housekeeping awards, so my friend who owns this building and is trying to conduct a regular business down there regularly has needles all over the place and human body waste. You ask communities if they are ready for that and if they are prepared to host that kind of lunacy, and ask the good doctors who promoted this madness to establish one of their projects next to their homes.

Finally, I want to make a comment about two opponents' responses in the House. The Honourable Judy Sgro, a Liberal from York West, said when this was being debated in the House, "The only success I have seen so far, which is limited, is the safe injection site in Vancouver." Well, the good member is right. Her views are extremely limited. All she has to do is go to any city in Canada, and there are hundreds and hundreds of wonderful prevention or treatment programs operating—not as many as we could have, but there are many of them, so if that's the only thing she has seen, that's the only thing she has seen.

The Honourable Libby Davies, the NDP member for Vancouver East—

● (1550)

The Chair: Mr. Berner, I'm sorry, but your time is up, sir. You're over your opening time. In your comments, and perhaps in discussion with Ms. Davies, you can make your point, but we will now go to our third witness.

Mr. Thompson, you have up to 10 minutes.

Insp Scott Thompson (District 1 Commander, Operations Division, Vancouver City Police Department): Good afternoon, honourable members, and thank you for the opportunity to speak today on behalf of Chief Constable Jim Chu of the Vancouver Police Department.

As for my background, I'm in my 34th year of combined policing service as a current member of the Vancouver Police Department and as a former member of the Royal Canadian Mounted Police. In 2003, I was part of the Vancouver Coastal Health project team for the supervised injection site, or SIS. In 2003 I was also the author of the Vancouver Police Department's policing and operational plan for the SIS. I also developed and delivered the SIS orientation packages to both VPD members as well as Vancouver Coastal Health staff. I was down on the ground in the downtown eastside for the first year of the supervised injection site's operation.

Currently I'm in charge of Vancouver's northwest police district, which encompasses the downtown core, west end, and includes our city's entertainment district, and also the Dr. Peter Centre.

For the VPD, the story of the SIS began early in 2002. Philip Owen was the mayor and chair of the Vancouver police force at the time. The VPD examined the question of an SIS during a facilitated managerial and executive process and came to two conclusions. One was that our expertise is in policing public safety, not in health and medical research. Therefore, we should always be cautious when and if we choose to support or criticize public health initiatives and/or research, given our expertise lies elsewhere. The other was that regardless of whether we agree with the concept of an SIS or not, we need to be at the table.

As you likely know, in late 2002, a civic election in Vancouver resulted in Larry Campbell, now Senator Campbell, becoming mayor. The primary election issue was the SIS. Mayor Campbell and others subsequently drove the process to make this concept a reality.

As part of the application process for an exemption for medical research at the SIS under the Controlled Drugs and Substances Act, Health Canada asked the VPD what its position was. We replied that for drug users not engaged in disorderly, unlawful, threatening, and/or violent behaviours on the street, or wanted for an outstanding arrest warrant, it is unlikely that it would prevent or impede the Vancouver police from accessing the supervised injection site.

Just before the SIS opened, the VPD operations plan stated the following to Vancouver police officers. Police have a broad range of discretion when dealing with drug use and drug possession in the city of Vancouver. This discretion includes options such as seizure of the drug, and/or arrest and charging of the person. This discretion lies solely with the police officer on the street. Also, when dealing with intravenous drug users found using drugs within a four-block radius of the SIS, it is recommended that our members direct the drug user to attend the SIS to avoid future contact with police.

Our orientation package for the SIS staff, and later for our VPD drug policy, stated simply that on a fundamental level all health initiatives must be lawful.

I submit that during the past 11 years, members of the Vancouver Police Department have performed their duties in an exemplary manner in relation to the supervised injection site. This performance represents the best traditions of a neutral, apolitical, and professional police service in a free and democratic society.

This brings me to the vision of the Vancouver Police Department and the key messages I've been asked to deliver to you today.

First, the VPD agrees with the position of the Canadian Association of Chiefs of Police that illicit drugs are harmful. The high instance of addiction in Vancouver contributes to an inordinately high property crime rate. When the supervised injection site opened, the VPD position was that we were in favour of any legal measure that might have a chance of reducing the drug problem in Vancouver's downtown eastside. We are on the record as initially supporting the SIS as a research project, and have continued to have a good and effective working relationship with the staff of this facility over the years.

The VPD's primary interest and mandate around the SIS has always been and remains public safety, not public health. Our position is that as a police agency focused on public safety, it would be inappropriate for the VPD to comment on the medical merits of the SIS.

What we will say based on our decade of experience is that local civic government and community support, as well as the support of the police, are crucial when any new health service is implemented, be it an injection service, a medical clinic, medical health treatment centre, or supportive housing. Our experience after working with public health, medical and addiction services, and in more recent years mental health services, is that the police and health services should work toward building effective partnerships that can contribute to and improve the delivery of health services, as well as public safety.

As to whether we can comment that crime has increased or decreased related specifically to the SIS, we cannot say either way. The SIS is located in a neighbourhood with high violent crime caused by many factors, none of which are specifically related to the SIS. Property crime in the neighbourhood is also driven by drug addiction, and it cannot be specifically related to the SIS.

● (1555)

Upon request, we have provided information regarding our historic SIS operational policing plans to the police services of other cities. We are conscious, however, that every city, town, and community will have its own circumstances and stories and that the situation in Vancouver may well be quite different.

In closing, the Vancouver Police Department will not be an active participant in any debate about the medical merits of a supervised injection site, particularly in relation to other cities and jurisdictions in Canada.

Thank you.

The Chair: Fine. Thank you very much, Mr. Thompson, and our other guests.

We will now go to our rounds of questioning. We will start off with seven minutes.

Mr. Falk, you have the floor.

Mr. Ted Falk (Provencher, CPC): I want to start off by thanking our witnesses for their presentations this afternoon.

Mr. Wilson, I'd like to ask you a few questions.

What is your connection with Insite? Are you an employee there?

Mr. Dean Wilson: No. I was one of the plaintiffs in all three court cases. I was just an addict who was part of the Vancouver Area Network of Drug Users, which is a political sort of...trying to better our lives. Getting more treatment, actually, is one of the big things we try to do.

The City of Vancouver sent me to Frankfurt, Germany to take a look at the six there. I came back. I thought it was a good idea, as long as the other supports were in place.

I used Insite, contrary to Mr. Berner's testimony, and I was.... Many people have gone out to the Maple Ridge Treatment Centre from Insite. I have five years of sobriety, and it's because of that.

Mr. Ted Falk: I want to commend you on your five years of sobriety.

Mr. Dean Wilson: Thank you very much, sir. I'm very proud of it.

Mr. Ted Falk: You should be.

You referenced my best friend Jesus at the end of your treatise, and you seemed to imply that you know what he would do. I'm not so bold as to make a statement like that, but I do know in reading the Scriptures that when Jesus encountered activities that were illegal and illicit, he never condoned them, never. But he did meet with the lepers of the world. He did meet with the people who were tax cheats. He did meet with the adulteresses of the world. He always left them with one thing: go and sin no more. Right?

● (1600)

Mr. Dean Wilson: Yes, sir.

Mr. Ted Falk: Okay. So I don't see anywhere in the Scriptures that would support your statement. Anyway, I'm going to read something for you.

First I want to make a general statement. I'm a little disappointed in a couple of the presentations I heard today, because they're defending or arguing against the merits of Insite. I don't think that's what we're doing here today. We're talking about Bill C-2, which is about respecting and protecting communities.

The Supreme Court rendered a decision about Insite as a supervised injection site. The court affirmed the discretionary power of the minister to grant exemptions but stated that decisions must be made in accordance with the Canadian Charter of Rights and Freedoms and balance public health and safety concerns. The court specified factors that the minister must consider when assessing an application for a supervised injection site. These included any evidence related to “the impact of such a facility on crime rates, the local conditions indicating a need for such a...site, the regulatory structure in place to support the facility, the resources available to support its maintenance, and expressions of community support or opposition.”

My question for you, Mr. Wilson, is this. Is it reasonable for the government to require community input on proposals to establish injection sites, especially given the Supreme Court's ruling that the minister must consider such views?

Mr. Dean Wilson: I think it's really important that the community have a say, and our community did have a say.

We have 12,000 addicts down there. I'm telling you, sir, nobody wants to be doing or to be sinning by doing drugs down there. They all want treatment, but there isn't any treatment, because the government doesn't fund enough treatment.

We have 12,000 people in downtown Vancouver, and we have 42 detox beds, sir. How do we get out of this problem? How do we do it?

Mr. Ted Falk: I've heard from some of the other witnesses that there are treatment facilities available.

My question was very straightforward. Is it reasonable for the government to require community input? You indicated that it is.

Mr. Dean Wilson: I think it's very important.

Mr. Ted Falk: That's fair.

Mr. Berner, I would like to direct a question to you, as well. You seem to be supportive of the legislation as it is written, although I don't think you really addressed the legislation, which would ensure that communities, through a variety of different avenues, are consulted before an application would go forward to the minister. Would you support that?

Mr. David Berner: Absolutely. I quoted the legislation. That's why I quoted it. I believe that communities should be consulted.

Mr. Falk, you're dealing with a problem here that you may not be aware of. Health authorities and many medical people are extraordinarily arrogant. They will say to go ahead and consult communities, but they know better because they're the doctors.

I support the bill, and I support that you must go.... If the City of Abbotsford, the City of Laval, or any city in Canada wants to have one of these places, let's go to them and give them some information and ask if they want this on their street corner. My guess would be that 99% of them would tell us to get lost, and that would be a healthy response.

Mr. Ted Falk: Thank you, Mr. Berner.

Inspector Thompson, on the 27 criteria that the minister needs to consider in granting an exception, do you think the criteria in the bill are reasonable?

Insp Scott Thompson: I'll actually frame this in the context of past discussions I've had with other police services and with other advocates, I'll call them, across the country in other cities. One of the first questions has always been whether the local government supports a service such as an injection service. My experience and my opinion have been basically that without that support, which is fundamental in a democracy, you really have an uphill battle in terms of implementing a service.

I look at the bill, and certainly you'd want the community's input, and you would want input from the police. Those things are all quite reasonable because ultimately, as I've said, at some levels, locally it's a political decision. In Vancouver, you have to remember that back in 2002 we had three civic parties in that election, and all three of them supported the SIS. The party that came out on top was the most vigorous in its support, but all three were saying that they would implement an SIS.

Again, the voters of Vancouver at that time were not choosing—and we had a very high vote turnout—one side or the other. All sides of the question were supporting having such a facility open.

Mr. Ted Falk: Thank you very much.

The Chair: Thank you very much, Mr. Thompson.

We will now go to Ms. Davies, please, for seven minutes.

Ms. Libby Davies (Vancouver East, NDP): First of all, Dean, I welcome you to Ottawa. I am very proud to have you here as a constituent from the downtown eastside. You're really kind of a hero in our community for the years of work that you've put in following these cases and being involved in VANDU. I know that it's been really hard on you personally sometimes, but you've always stuck with it, so I just want to say I'm really proud for the work you've done and that you are here today.

● (1605)

Mr. Dean Wilson: Thank you. I'm glad I'm still alive to be here.

Ms. Libby Davies: It's not necessarily an easy thing to deal with, as you've heard. I'm really sorry that you've had to listen to Mr. Berner and, really, just how he demonizes drug users and Insite with so much information—

Mr. Dean Wilson: I've been listening to David for years.

Ms. Libby Davies: I do think that Mr. Falk is correct in one point, and that is we are here debating Bill C-2 and whether or not this bill meets the test of the Supreme Court of Canada.

I remember that you were at the Supreme Court of Canada the day the decision came down. You've been involved in this for a very long time. One question I have, because you have followed it so closely.... Never mind all the studies. As you say, there are overwhelming studies that support Insite, but obviously some people will never ever believe the evidence before them. At the end of the day, you're someone who has direct experience, and not only in the process. You know how much we went through in Vancouver. There was a lot of public consultation, and sometimes it was really tough going—

Mr. Dean Wilson: For seven years it was my life.

Ms. Libby Davies: It was really tough going, and there was a lot of opposition. I would say that at the end of the day, by and large most people now support it, and they see Insite as part of the solution —

Mr. Dean Wilson: Exactly.

Ms. Libby Davies —and not part of the problem.

In looking at this bill and what you can see and knowing what we went through the first time around, do you think this bill will allow any other safe injection site in Canada? What does it look like to you in terms of the process that's laid out here?

Mr. Dean Wilson: Well, I find it really interesting. I just want to say that a week ago I was out at this dinner-date thing and who arrived out of the blue but Judge Pitfield, from the very first decision at the B.C. Supreme Court. He's the most conservative judge in British Columbia. He sat down beside me. I said, “Judge”, and he laughed and said, “Mr. Wilson.” I put it to him and asked him, “When did you decide that this was going to be a legit thing?” He asked me if I remembered the first hour of the trial when he asked the opposition if this was a medical issue, and they hemmed and hawed. He asked again, “Is this a medical issue?” They said yes. He said that he decided right then that the next two days did not matter.

I believe that Bill C-2 will put too many fingers in the pie, or whatever, and too many people that can stop it on nothing but a whim of a moral judgment. I don't think that's right. Nine Supreme Court justices—it was nine to nothing—stated that this was a medical issue and should be treated as such. It was framed within Canada's laws.

The people inside that building are not breaking any Canadian law. If we allow everybody and anybody to have a say and they don't have an actual participation within it.... If you go to any city where there are a lot of drug addicts around, you're going to see those people want a solution. I'm saying that I believe supervised injection sites are a beginning solution to the problem. It's not the be-all and end-all. In fact, it's probably only the first 20 or 30 minutes of the change in my life, that injection. There's a lot after that, but if we don't give those people that first 20 minutes, where are they going to go?

Ms. Libby Davies: I think sometimes there's an impression left that somehow Insite just came out of nowhere, but in actual fact there was a process already under the Controlled Drugs and Substances Act that gave the minister discretion to allow an exemption. It's not like there was a vacuum. There already was a process—

Mr. Dean Wilson: Exactly.

Ms. Libby Davies: —and Insite had to follow that.

Now, Insite recently had its renewal, which is good; I'm not sure how many years it is. What's your opinion in terms of whether or not Insite had to come under this bill, what the chances are that it would actually be approved? With all of the criteria, the 26 criteria, and in fact additional ones if you're existing, plus the principles, what hope do you think there is that it would be approved?

Mr. Dean Wilson: It would be as dead as those four addicts who could have used Insite last week in Vancouver, who died.

Ms. Libby Davies: Thank you.

Do I have a bit of time left?

The Chair: You do. You have a little less than two minutes.

Ms. Libby Davies: Okay.

Inspector Thompson, I happened to read an article in *The Province* newspaper a while ago where the Vancouver Police Department was issuing an advisory about some really bad drugs that were on the street and was urging people to go to Insite. Unfortunately, we've had a lot of misinformation from other police representatives at the committee, so I want to ask you, is it fairly routine that the Vancouver Police Department and the officers on the beat encourage people to use Insite, and that when there are some really awful things going on in terms of what's on the street they actually put out even a public advisory and encourage people to go to Insite? Is that something that's fairly routine?

● (1610)

Insp Scott Thompson: It would be. We have a very close working relationship with Insite. Frankly, in this last crisis—there's still an active investigation—we certainly worked with Insite to get the word out on the street about the bad dope. It was a crucial part of our communications strategy. We can put something out via the media, but for this very marginalized population, will they actually hear that over the media? They will more likely hear it from, and maybe listen more closely to, someone who's working at that level at Insite.

So yes, they're a crucial part of any strategy we would have.

Ms. Libby Davies: Okay.

The Chair: Now we'll go to Mr. Carmichael, please. You have seven minutes, sir.

Mr. John Carmichael (Don Valley West, CPC): Thank you to our witnesses today.

Mr. Wilson, I'd like to begin with you.

You started off mentioning how nervous you were. Congratulations. You did it. You got through it. Well done.

Mr. Dean Wilson: Thank you.

Mr. John Carmichael: I also want to congratulate you on five years of sobriety. Congratulations.

Mr. Dean Wilson: Thank you, sir.

Mr. John Carmichael: I'd like to ask you a question. Because Bill C-2 focuses so much on the consultative process around community input into whether a consumption site, an injection site, should be located in a community, in your opinion should community views be considered in the application process of these injection sites?

Mr. Dean Wilson: What do you mean by “community”?

Mr. John Carmichael: Somebody mentioned Abbotsford. Let's say a group goes to Abbotsford and they want to find a way to develop a centre similar to Insite in the Abbotsford community. Should the community, should the families, the people who live within the neighbourhoods where the establishing group might want to locate, have input into that location?

Mr. Dean Wilson: For sure, but I think everybody's opinion should be given no more weight than the opinion from doctors, or the opinion from the police.

Mr. John Carmichael: No, I hear you on the medical side. From a consultative process, though, should the families, the people, the community that will be inheriting this new facility, have the opportunity to accept or reject it based on criteria?

Mr. Dean Wilson: I think that's a tough question to ask me, sir. If those people are ignorant about the facts and the way that drug addicts are demonized within the media, such as David Berner's programs on television every week, then we don't have a chance, sir. We wouldn't have a chance, because we're demonized in the media and we don't have recourse for that. Most people in those communities think we're a bunch of horrible people who only want to rob them and everything else.

If that's the community you're talking about, then I say no. Unless they're educated—

Mr. John Carmichael: I'm talking about the community in general. Everybody has to have input. If you're going to come into my city or into somebody else's city and establish this—

Mr. Dean Wilson: Yes, the community should have—

Mr. John Carmichael: —then we have to hear all sides.

Mr. Dean Wilson: Yes, all sides—

Mr. John Carmichael: Somebody has to adjudicate that and say yea or nay based on that.

Mr. Dean Wilson: Okay, but yes, the community should have a say. Yes, sir.

Mr. John Carmichael: Okay. With that, Mr. Berner, last week we heard testimony about the area around Insite specifically, which goes out several blocks. They talked about—to your comment—inappropriately discarded drug litter. We heard comments about attracting a drug trade down into the area that's basically centred within blocks of the Insite facility.

From your perspective, when we start talking about the criteria involved in establishing one of these sites or we say that the minister has to make a decision, in your view, are the requirements for the criteria of the information to be put forward to the Minister of Health too onerous, or do they strike a balance to ensure the community has been adequately consulted? I'm thinking of testimony we've heard previously, which I would think you might have read. Maybe you could comment on that, sir.

● (1615)

Mr. David Berner: I don't think they're too onerous. I think there are a couple of minor details that could use some massaging, such as, if someone's going to work at a facility, we have to know that they have been clear of any police activity for 10 years. I think that's too onerous, because often the best people working with addicts are recovering and recovered addicts who have been clean and sober for three months, six months, or.... I once hired a guy from California, and I had to get special permission from the then Conservative government to bring him into Canada.

No, I don't think they're too onerous, but let me say something about my testimony. People are sitting here and saying that I demonize addicts, but (a) I created the first treatment centre in Canada in 1967, and (b) I work with addicts every week. I have people in my arms weeping, working on their trauma. I don't demonize addicts. I have helped thousands of addicts get clean and sober. It's very easy for the Libby Davies and the Dean Wilsons of the world to sit there and say, “Oh yeah, he's just a guy who demonizes addicts.” That's dreadful.

Mr. John Carmichael: Mr. Berner, I have limited time here, and I don't want to create a confrontation beyond what we already have.

From your perspective, when you look at the 27 criteria, do you think the criteria we've been given adequately react to the Supreme Court ruling of criteria that must be considered?

Mr. David Berner: Yes, I do. Yes, I've read through it thoroughly. I think it's quite reasonable.

Mr. John Carmichael: Okay. Thank you very much.

Mr. David Berner: You're asking for—

Okay?

Mr. John Carmichael: Yes, I just.... We have limited time.

What time do I have have left, Mr. Chair?

The Chair: You still have another minute and a half, sir.

Mr. John Carmichael: Mr. Thompson, I'll go to you for a minute and a half.

If a community were to uniformly reject a proposal to establish a supervised injection site, how would you propose that the minister react to that and go forward?

Insp Scott Thompson: As I commented earlier, I think at some levels it really hinges on local government support. Insite would not have happened had it not been for the support of city council and the mayor, both the previous administration and then Mayor Campbell's administration.

Really, at some levels, if the community rejects it and the local political support is not there for a facility, then yes, it would be a very tough road to take around bringing in a site, because you really do need.... What happened in Vancouver was that you had the citizens of Vancouver in many ways accepting that this was something that should be tried. Again, you would have to always look at that local support.

Mr. John Carmichael: I have a last question, then, for Mr. Thompson.

From your perspective and in your opinion, do the criteria we've been provided, the 27 points of criteria, adequately react to the Supreme Court ruling of criteria that must be considered?

Insp Scott Thompson: In my opinion, my only concern is, has the bar been raised too high? Those are clearly criteria that are important, but has the bar been raised so high that it would be very difficult to bring in any sort of facility?

Again, much of our focus in the VPD in these last few years has also been on looking at mental health and facilities and so on, such as supported housing. There has to be a consultative process around that, but ultimately, at some levels, if there is an ongoing medical public health issue, sometimes tough decisions need to be made, both around that constituency and also the people nearby. Part of our role from a policing standpoint is to assist and to work together with that to deal with the public safety concerns that may arise out of such a facility being opened in any given location. Again, my—

The Chair: Thank you very much, Mr. Thompson. Thank you, Mr. Carmichael.

We will now go to Ms. Fry, please.

Hon. Hedy Fry (Vancouver Centre, Lib.): Dean, you did a great job. I want to congratulate you on the work you have been doing to bring this to the fore and to make sure that everyone who sees you knows it's possible for someone to benefit from a safe injection site.

Mr. Dean Wilson: It is possible. You remember me from 15 years ago.

Hon. Hedy Fry: Of course.

Mr. Dean Wilson: Anybody who saw me then and who sees me now....

Hon. Hedy Fry: Yes, indeed.

I think it's good we're focusing here on the bill itself, on whether the bill is adequate or isn't adequate, or goes too far. It doesn't go too far. The Supreme Court decision says that the minister "must consider whether denying an exemption would cause deprivations of life and security of the person that are not in accordance with the principles of fundamental justice." The minister must always balance the charter rights, and section 7 of the charter, with such factors as deciding whether the impact of such a facility on crime rates...and I think it's absolutely appropriate for the police to be giving some kind of information on that.

Do the local conditions indicate a need for such a supervised injection site? That's a public health decision in terms of the evidence on HIV/AIDS, hepatitis C, etc., just as the police can talk about crime. The regulatory structure in place to support the facility, that's all fine. The Supreme Court talks about that. The resources available to support its maintenance, that comes from the provincial minister of health and the municipality. It basically says, do they have these support systems in place? And of course there's community support.

There are about five pieces. I see them as five criteria, not 26 or 27. If the provincial minister of health knows that the provincial minister of health has all of that, it is up to the provincial minister of health to say so and to also go ahead and hire the people who will do this work, etc.

I know you don't disagree with these five factors, but do you believe they actually are too interventionist and go too far?

● (1620)

Mr. Dean Wilson: I'm going to reiterate what Inspector Scott Thompson just said. It's raising the bar so high that it will never get done. If you read the judgment of the Supreme Court, they again framed it. They said that our right to health has to be balanced with the laws of Canada. If you went to the downtown eastside and saw those 4,000 to 12,000 addicts, whatever the number is, you would say, "My goodness, we need the supervised injection site, because this health is bad and it's deteriorating daily." As Scott says, with the law, they're working with us there.

I just think that new Bill C-2 will put the bar so high that we'll never be able to have other communities try to use this. It's not the answer in every city, but in some places it is. I know a place in Toronto where it's needed. I know a place in Montreal where it could be used. Those are just two cities I've been to. I don't know if Abbotsford needs one right at the moment, but I think for places like Toronto and Montreal where there are certain neighbourhoods, I'm sure the community there would say, "Yes, let's try something, because everything else hasn't worked."

Hon. Hedy Fry: I think there was a great deal of public consultation. I mean, I was there.

Mr. Dean Wilson: Exactly.

Hon. Hedy Fry: I was the minister responsible for the downtown eastside at the time, just for this particular area, and I found that out.

Mr. Berner, you talked about a conflict of interest by doctors, by Dr. Montaner and the others who did this particular project. Do you think there is conflict of interest when the minister who brought forward this bill, the day it was introduced, the party to which the minister belongs sent out a fundraising letter saying they were bringing forward this bill so they could stop all those junkies from hanging around in their neighbourhood? Do you think that's a conflict of interest?

Also, you said that you run a treatment centre. It's a private treatment centre, and so you make money out of that. Do you believe that is a conflict of interest, the fact that Insite may cause governments to try to put in public treatment centres as opposed to private treatment centres? Do you think those are conflicts of interest? You seem to know a lot about conflicts of interest, Mr. Berner.

Mr. David Berner: Let me answer your second question first.

I don't run a private treatment centre. I work at a private treatment centre, and I know many of the non-profit treatment centres and I often work with them. That is not a conflict of interest. My interest is in supporting prevention and treatment.

As to your first question, I'm not prepared to do your politicking for you, Dr. Fry; you do it yourself.

Hon. Hedy Fry: I'm sorry that you couldn't answer that question. You seem to know so much about conflict of interest.

I would like then to talk about the VPD because I think the Vancouver Police Department is sending people to Insite if they find a problem with street drugs.

When I travelled in Switzerland and in Germany looking at some of the sites that had started there, we went on the street with the police and they did the same thing. When they found out there was a real problem that could harm addicts on the streets or people who were using, especially intravenous drugs, they immediately referred them to those safe injection sites. I think that is an attempt at reducing harm to a person.

I want to congratulate you on what you say you have been doing, because I think it's really important that police are not only there to find the criminals, but are there to protect people. That's a really solid source of protection.

I know that you have agreed with me somewhat that the list of criteria is so overwhelming no one would be able to meet them. Can you tell me a little about what the drug scene was like in Vancouver and what it is like in that little bubble now?

● (1625)

The Chair: I'm sorry but your time is up. We'll have to wait for a response at another time.

We will now go to Ms. Doré Lefebvre.

Hon. Hedy Fry: Sorry about that, Scott.

[*Translation*]

Ms. Rosane Doré Lefebvre (Alfred-Pellan, NDP): Thank you very much, Mr. Chair.

I would like to thank the witnesses for being with us today.

Mr. Wilson, you can take your time to put on your headphones because I am going to start with Mr. Thompson.

I have a quick question for you. I come from the Montreal area. Community organizations, jointly with the Service de police de la Ville de Montréal, the mayor of the city and the Government of Quebec released a report in 2011 entitled *Report of a feasibility study on the implementation of regional supervised injection services in Montréal* . Everyone was consulted and everyone was of the opinion that steps needed to be taken to have supervised injection sites in Montreal. It is one of the items in the City of Montreal's homelessness action plan.

Have you heard about the plan to implement supervised injection sites in Montreal? If you are aware of the plan, what do you think about it?

[*English*]

Insp Scott Thompson: Frankly, I'd be reluctant to comment because I don't know the details. As I did say in my testimony, we're reluctant to comment because every city, every town has their own issues and concerns. Really, we're familiar with Vancouver. In our view we're reluctant to comment about other cities and what they come up with because frankly, it's really up to them, given the city—Montreal, in this case—to make their own decisions and go through their own process.

They can ask us questions. I've certainly shared with the Montreal police our operational and policing plans for SIS from 2003 to assist them, hopefully, if they ever have to go down that path to provide public safety services around a given site.

[*Translation*]

Ms. Rosane Doré Lefebvre: Thank you very much, Mr. Thompson.

Mr. Wilson, thank you very much for joining us today. My congratulations for your five years of sobriety. It is a real pleasure to have you here.

Do you have any comments for us about the fact that the Service de police de la Ville de Montréal, the mayor, the Government of Quebec and regional organizations agree that there should be supervised injection sites in Montreal. What do you think about that situation?

[*English*]

Mr. Dean Wilson: I totally agree. I've actually worked with Cactus, the group of people who are investigating. I guess the government has asked Cactus to be the front-line people in Montreal. I've been out to Montreal numerous times and worked with Cactus. You know, one only has to go up to St-Hubert Street to realize that it would be a perfect place to have a supervised injection site, and I think they're doing the right thing. I also believe that one of the things they're looking at, the mobile unit, is an extraordinarily good idea. That way, if there were all of a sudden an area that was overrun by, I guess, the drug issue, you could go in there and put a stopgap measure in there right way while you build up other services around it.

It's really important to get the people involved at that level. People on the streets are so paranoid. It's funny; they've changed their ideas of the police in Vancouver because of people like Scott Thompson and his crew, but they're so paranoid about police and the government and everything, thinking all they want to do is put them in jail or whatever and they don't want to help them, that it's very, very hard to get to those people. A mobile unit, I think, would be an incredibly good way of getting people involved in the medical aspect of their addiction.

It took me 30 years to walk through the doors and finally say, “I can't do this; I need help”. I tried many other times, and usually there was about a two- or three-week wait. By that time my circumstances had changed and, you know, I had left.

I think what Montreal is doing, and the whole Quebec government, is a really good idea.

● (1630)

The Chair: You have 30 seconds.

[*Translation*]

Ms. Rosane Doré Lefebvre: Thank you. I am going to ask you another quick question.

In Montreal, 68% of drug users have hepatitis C. Do you think that people in that situation could benefit from a service of that kind, either mobile or set up in one location?

[*English*]

Mr. Dean Wilson: Yes, I myself am one of the 68% who has hepatitis C. I actually won the HIV lottery, as I call it. But, yes, one of the things about HCV rather than HIV is that the disease model is longer, more chronic, and it's going to cost the government.... If they think HIV has been a real health hazard, wait until HCV starts hitting the neighbourhoods. It travels through communities a lot faster than HIV does. It's going to be a health catastrophe. If we had a mobile van or something like that, we could start teaching these people how to deal with the illness.

The Chair: Thank you very much, Mr. Wilson.

Certainly to our witnesses today, Mr. Wilson, Mr. Thompson, and Mr. Berner, thank you so kindly for coming in today. The chair will excuse you now.

Before the chair suspends for the other witnesses, I will bring to the committee's attention for deliberation that the chair has received a submission and some follow-up information from Mrs. Landolt's testimony, but it is not translated. It is sitting here and it is in the possession of the chair and will stay there either until it is translated and/or the chair has some direction.

We will now suspend briefly while we ask our other witnesses to come forward.

● _____ (Pause) _____

●

● (1635)

The Chair: Colleagues, we will reconvene for the second hour, though it will be a bit less. We apologize for the short delay. We had some challenges with the video conference, but we're all hooked up and live now.

On behalf of the committee, the chair would like to invite our witnesses to make a brief statement of up to 10 minutes, and hopefully less. After that, we will open the floor to questioning.

With us for the second hour we have, from the Pivot Legal Society, Adrienne Smith, health and drug policy staff lawyer. Welcome. From the Society of Accredited Senior Agents, we have Barry Lebow, founder.

By video conference from Vancouver, we have, from the Canadian Drug Policy Coalition, Donald MacPherson, the executive director.

Time is tight, but how could I miss Mr. Tom Stamatakis, from the Canadian Police Association. Welcome.

We will take you in the order of introduction, so we will start with Adrienne Smith.

Ms. Adrienne Smith (Health and Drug Policy Staff Lawyer, Pivot Legal Society): Thank you, Chairperson and honourable members.

I'd like to begin by saying that this is a bad bill. From a legal perspective, the bill is a hyperbolic response to a subtle point of law. It will likely not withstand constitutional scrutiny, and it invites an expensive and pointless charter challenge.

As a representative of the Pivot Legal Society, an organization that uses the law to address the root causes of poverty and marginalization in Canada, this bill will restrict access to a proven health care service, which will result in needless human suffering for some of the most vulnerable Canadians.

I would like to use some of my time to correct something that the Minister of Health said in her remarks on Monday. She spoke about the necessity of this bill, and she said that Bill C-2 was required because of the Supreme Court of Canada's decision. With respect, the minister is mistaken.

I propose to briefly outline what the Supreme Court of Canada said to show that Bill C-2 is a significant departure from the guidance of the court and to outline some of the consequences of this bill coming into force.

I don't believe that this committee needs background about the Controlled Drugs and Substances Act, but I should say that it is a blanket criminal law. Exemptions under section 56 suspend the action of that law for certain purposes, and it's in this exemption that Insite currently exists. In a section 56 exemption, the law is suspended.

● (1640)

[*Translation*]

The Minister of Public Safety and Emergency Preparedness talked last week about the 101 places where drug users could act illegally. But, contrary to what he said, in technical terms, the act is suspended, not broken.

[*English*]

In the Supreme Court of Canada case PHS v. Canada, which is the court case about this section, there were a number of very clear findings: that a supervised injection service is a health service; that people who inject drugs are exposed to a number of harms as a result of their illness, to the extent that their charter rights are engaged; and that the Controlled Drugs and Substances Act, as we've heard many times, has a dual purpose: one is to protect public health and the other is to protect public safety. Also, the minister's discretion must be exercised within the parameters of the charter, and she must balance this dual purpose.

In the context of Insite—and significantly, this is the point of the PHS decision—when there is not evidence of a public safety threat, exemptions must generally be granted. They're presumptive, nearly, and to ensure that the minister's discretion in balancing did not lead to arbitrary decision-making, there were five permissive factors, which are very narrow, and the minister must consider them if they're available. That is all that is required.

What Bill C-2 does is a significant departure from that. It answers the requirement that exemptions generally be granted, which the court directed, with a presumption in the bill that exemptions will generally be withheld. It ignores the requirement that the CDSA is a balancing bill that requires aspects of public health and public safety by framing the question of supervised injection service as a narrow public safety issue, and only in a negative way. It also expands the court's five permissive factors into 26 impossible criteria, which will lead to a limiting of the availability of this necessary health service.

With respect, Bill C-2 is more about this federal government's distaste for this kind of health service than it is about anything the court said. The results of this are problematic and unconstitutional. The effect of Bill C-2 will be to frustrate the application process for health care providers and restrict access to supervised injection services and approvals for future centres.

For the reasons that are set out in my brief which is before you and for those following at home can be downloaded from the parliamentary website, the bill perpetrates a number of head-on assaults to other constitutional provisions that are the legal backbone of this nation.

This is important for two reasons. There are two sets of consequences that will flow from this bill, and the first is legal. Bill C-2 will not withstand constitutional scrutiny. It will invite an extensive and pointless charter challenge and a long series of litigation on a point of law that is already settled, under a legislative framework that is arguably worse than the one the Supreme Court of Canada condemned. If the Insite decision was a question about how the charter rights of drug users were violated by an initiative to prevent access to supervised injection services, it is difficult to see how this is not exactly the same thing.

The second public health outcome of Bill C-2 is arguably more important. Passing Bill C-2 will have devastating and unconscionable consequences for the most vulnerable of Canadians who are members of our community. The barriers the bill presents to accessing life-saving health care will allow a heartbreaking public health emergency to continue under a law and order agenda and expose patients and communities to infection, to suffering, and to death.

I live three blocks away from Insite in Vancouver's downtown eastside. On Thanksgiving weekend, when healthier Canadians were sitting down and eating their turkey suppers, a narcotic opioid drug called fentanyl was being passed off by street dealers as heroin. It is indistinguishable to users, but it is an order of magnitude more powerful than heroin.

As a result, on Thanksgiving Monday there were 10 overdoses; on the Sunday before, there were 16, and there were five the following day, all of these at Insite. Nobody who overdosed at Insite died. Unfortunately, some people did die. I understood that it was two. One was a young woman. One was a man named Tony Snakeskin. I hear from my colleague Mr. Wilson that there were in fact four. These people died because they were alone and they did not have access to medical care.

This is a question not just for Vancouver but for all of our communities. In the summer of 2014, the Agence de la santé et des services sociaux de Montréal investigated 83 cases of overdoses. Twenty-five of them were fatal. In other neighbourhoods across the country, thousands of people have died, and countless more will die if they do not have the access to supervised injection services that the court said was required.

To conclude, I will say that Bill C-2 is contrary to what the court ordered. It is unconstitutional, and it will allow people to die.

● (1645)

[*Translation*]

As I just mentioned in English, the Minister of Health told you the the Supreme Court of Canada decision in *Canada (Attorney General) v. PHS Community Services Society* requires you to pass this bill. With respect, I must tell you that she is wrong.

What the decision indicates is that the rights of drug users are protected by the Charter and the minister must grant an exemption to allow supervised injection sites.

Bill C-2 could result in useless legal proceedings because the government cannot tolerate the existence of this kind of care. While we wait, our neighbours will die. It is unconstitutional and we cannot countenance anything of the kind.

[*English*]

The bill says quietly that the federal government does not value the lives of people who use drugs and people whose lives would be saved by this service.

Subject to your questions, those are my submissions.

The Chair: Thank you very much, Ms. Smith.

We'll go to Mr. Lebow.

Mr. Barry Lebow (Founder, Society of Accredited Senior Agents): Mr. Chairman, and honourable members, my role today is to speak from a real estate perspective about depreciation and stigma.

My name is Barry Lebow. I'm from Toronto. I've been a real estate professional since 1968. This is my 47th year in real estate. I'll dispense with, of course, my CV and everything, and say only that I've testified at over 500 trials across Canada and the United States. A large percentage of those had to do with real estate depreciation and stigma cases in the years I was an active appraiser. With about 10% of the cases actually making it to court, and most cases being settled, I've written probably thousands of reports that have gone to courts around the world on this subject. Some years ago I was awarded the Meritorious Service Award by the Toronto chapter of the Real Estate Institute of Canada, and I've obtained 14 designations in real estate, four of which deal with appraisal. I retired from being a full-time appraisal professional after 30 years as a member of the Appraisal Institute of Canada.

Today I spend most of my time working with seniors in Canada from a real estate perspective. I'm the founder of the accredited senior agent designation program for Canadians, which has now reached about 3,000 realtors coast to coast.

During my years as an appraiser, under the Hazardous Products Act in the 1980s, urea formaldehyde was banned in Canada. But what does that have to do with this? About 80,000 to 100,000 homes in Canada were affected by UFFI, and most people were in a panic because they believed their houses were going to lose value. The courts have found, especially in Quebec, that there is no scientific proof that UFFI causes health concerns, but go tell that to people whose houses have urea formaldehyde. They believe it. Buyers believe it.

What I had to do in the early years—and that's how I got involved with this—was, no footprints in the snow, work with CMHC in an advisory capacity to figure out the loss in value of houses with urea formaldehyde and the stigma effect of having had it even if people had it removed. Eventually houses did sell. I tracked thousands of homes across southern Ontario, and eventually I did about a thousand cases involving urea formaldehyde, about 70 of which went to different courts in the province of Ontario.

I found myself in a new vocation: stigma. By default stigma is basically theoretical. It's simple. It's a depreciation that lingers after something is cured. With that said, I always joke that I'm probably the leader in stigma in Canada, because no one else wants to specialize in this type of field. I've lectured and done cases involving asbestos, all kinds of oil and other types of contamination, suicide, murder, and yes, haunted houses. I have a course called “Selling the Haunted House or the Impact of Stigma on Real Estate”, which teaches real estate agents what to disclose to buyers.

You may ask what haunting has to do with anything about this. One of the most famous cases we have had in North America was that of the ghost of Nyack. The ghost of Nyack is a very fascinating case because somebody bought a house and it wasn't disclosed to them that it was supposed to be the most haunted house in America. They in turn took it to court, and the court kicked it back. The people weren't satisfied. They took it to the Supreme Court of the State of New York. The Supreme Court of the State of New York basically said a haunted house is real, because if people believe it to be real, it's real.

That leads us to what real estate stigma is all about. Bill Mundy, a well-known professor in Washington state, once said that real estate stigma does not have to be real to be realized, and that is what it's all about. It's about perception.

Years back when I was a kid, Ralph Nader came out with a book called *Unsafe at Any Speed*. He said the Corvair was the most dangerous car in North America. It took years of investigation. When it was over, it was no safer and no less safe than any other car. When that news came out in the newspapers, it was buried somewhere between the obituaries and the comics because it wasn't sensational.

● (1650)

I can go into all kinds of stuff. In Toronto, where I live, my town, I just have to mention a certain intersection, and people know it to be notorious for crime, but I know it as a neighbourhood where people raise their families in peace.

People have perceptions. When I look at the three decades I've been studying this, there are perceptions out there. There is a class distinction. The lower the economic class of a neighbourhood, the greater the impact of word of mouth. They perceive it; they believe it. You're going to have a problem with safe injection sites. The problem is, where are you going to put them? The problem's going to be, people are going to perceive problems. The reality and the public's perception are two different things. The public will believe it. Word of mouth will be there.

I look at stigma. People are afraid because real estate values across this land are large. They're the highest they've ever been in history. People don't want anything to negatively impact their value. That includes the retailers who have stores along a commercial strip, or whatever. People are going to say “not in my backyard”.

The last thing I wanted to say is, in Ontario we have under rule 21 of the Real Estate and Business Brokers Act, 2002, about disclosure, the material fact. Anything a real estate agent knows about a property, and that includes proximity, the real estate agent has to disclose. We have a problem with that bill. The regulation is not defined, but the worst problem in Ontario is there is no statute of limitations. It has to be disclosed forever.

I want to reiterate one more thing. As I said, perception of depreciation or stigma doesn't have to be real to be realized.

With that, I'll wait for your questions. Thank you.

The Chair: Thank you very much, Mr. Lebow.

Now we will go to Mr. MacPherson, please.

Mr. Donald MacPherson (Executive Director, Canadian Drug Policy Coalition): Thank you for inviting me to speak to this committee today on such an important issue for Canadians, especially those experiencing severe addiction and mental health issues.

In our brief, which is a collaboration with the Canadian HIV/AIDS Legal Network, we have outlined many of the benefits of supervised consumption services around the world and our concerns with Bill C-2 as it is currently drafted. We, along with others appearing before you, have made the point that the services that Bill C-2 is focused on are evidence-based, have been around for close to 30 years in various jurisdictions, and are a part of a comprehensive approach to developing systems of care for people with severe addictions at the margins of society.

I have worked for many years in the field of drug policy and have been a participant in the broad public discussion that has been taking place in Vancouver, B.C. over the past 20 years focused on building a more effective response to drug problems in our country. As a staff person with the City of Vancouver for 22 years, 10 of those working as the city's drug policy coordinator, I know only too well the challenges for municipalities and local health authorities attempting to do the right thing, which is to put in place a comprehensive system of care for people with drug problems in the community. This includes drug treatment facilities, detox units, scaled-up methadone programs, supportive housing projects for people with addictions and mental health issues, needle exchange projects, other types of social development programs, and yes, supervised consumption services.

Because of the stigma of illegal drug use, each one these services is a challenge for municipalities and health authorities to implement at the local level. It requires a great deal of time, energy, commitment, and resources to get these services up and running and provide much-needed help to people. Believe me, there is a great deal of public process at the local municipal level to situate any of the services that I have mentioned.

Bill C-2 will add an extremely onerous extra layer of work for those at the local level that will most certainly have the effect of preventing the scaling up of supervised consumption services across the country where they may be needed. The 26 different pieces of information required before an application can even be considered would not be required of any other type of health service. At the very least, Bill C-2 will cause a significant delay for localities to implement a timely response to what are often the urgent realities of the unregulated illegal drug scene. An example of this urgency is the recent spate, mentioned by my colleague, of overdoses due to fentanyl in Vancouver, when the Vancouver police, to their credit, urged people to use Insite in an effort to prevent overdose deaths. Thirty-one overdoses took place at Insite over Thanksgiving weekend, none of them fatal. This is a tool that other localities do not have access to at this time.

We are very sorry that this legislation is not coming before the Standing Committee on Health. After all, the primary purpose of supervised consumption services is to intervene in urgent public health contexts where vulnerable citizens are at high risk of serious and sometimes deadly consequences of injection drug use. Consumption services can mitigate this risk, including improving the health and safety of the communities where they might appropriately be located. A hearing only before the Standing Committee on Public Safety and National Security does not seem adequate to consider the complexity of the health and social issues engaged by these kinds of services. Indeed, supervised consumption services are themselves a balanced approach in that they address both public health and public order issues in communities.

Another contextual comment I wish to make is to note the great divide in the testimony of our health and enforcement colleagues. The divide between the leadership of these two fields of work in our communities is of concern to us and seems to be vast, with virtually all professional health associations that have provided expert advice, including the Canadian Medical Association, the Canadian Association of Nurses in AIDS Care, Vancouver Coastal Health, and the Toronto public health department finding Bill C-2 significantly problematic on a number of grounds.

On the enforcement side of things, for the most part, in spite of all the evidence from existing supervised consumption services projects, it seems that there is not even a willingness to consider a trial or pilot project to see what the experience of different models in different localities might be. In the face of all the evidence of 30 years of positive experience of integrated consumption services into the systems of care in Europe, in Vancouver, and in Sydney, Australia, there seems to be a firm position against any such trials on behalf of our police leadership.

We think that the divide between these two critical fields of public service is unfortunate, as we are certain that the health and enforcement institutions in this country share the goals of healthy, safe communities for all Canadian citizens, including those who use drugs.

● (1655)

As we have written in our brief, by advocating a focus on public safety at the expense of public health, the context of these hearings being a prime example, the bill runs counter to the court's emphasis on striking a balance between public safety and public health.

By making it even more difficult to implement supervised consumption services, Bill C-2 ignores the Supreme Court of Canada's assertion that these services are vital for the most vulnerable groups of people who use drugs, and that preventing access to these services violates human rights.

In the words of the chief medical health officer of Vancouver Coastal Health, Bill C-2 as currently configured will “effectively act to block exemptions” and “the provision of life-saving medical services to some of our most marginalized citizens and result in deaths and serious illnesses that are entirely preventable”. If this is the case, it is our judgment that this clearly contradicts the spirit of the Supreme Court decision on Insite.

Making it more difficult to open consumption services in Canada is clearly out of step with the commitment that this government has expressed to address Canada's serious mental health situation as well. Consumption services aim to engage marginalized people who use drugs. In Canada the percentage of homeless people who have either a mental illness or a substance abuse diagnosis is 86%, and the percentage of homeless people with a mental illness who also have a substance abuse problem is 75%. Many of those who inject drugs would benefit greatly from the engagement with health, social workers, and drug treatment professionals through their participation in a comprehensive supervised consumption service program.

At Vancouver's Insite, 65% of participants have had a previous diagnosis of mental illness. Given these numbers, putting barriers in the way of implementing supervised consumption services seems at odds with this government's stated commitment towards the mentally ill in Canada. One would like to think that the government would want to facilitate the development of one more evidence-based tool in the tool box to help address mental health and addictions in this country.

A recent systematic review of injection sites released last week, conducted by four researchers from France and one from Switzerland, reviewed 75 relevant articles. The findings of the systematic review were as follows. All studies converged to find that supervised injection services were efficacious in attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. Supervised injection services were not found to increase drug injecting, drug trafficking, or crime in the surrounding environments. Supervised injection services were found to be associated with reduced levels of public drug injections and dropped syringes.

I will close by reminding the committee that the issue of supervised consumption services came to the fore after a decade-long public health and public safety disaster in Vancouver, and indeed British Columbia, during the 1990s. Thousands of people died and many more became ill during that period. The epidemics of overdose, HIV, hepatitis C, and injection drug use overwhelmed Vancouver's inner city. At the time, Michael O'Shaughnessy, the director of the B.C. Centre for Excellence in HIV/AIDS, coined the phrase “deadly public policy” to refer to the mix of municipal, provincial, and federal policies in the areas of social assistance, housing, mental health and addictions, and lack of funding for health and social programs, and enforcement practices, etc., that contributed to inadvertently creating the conditions for an HIV epidemic among injection drug users to flourish in Vancouver.

In British Columbia much time has been spent trying to undo those deadly public policies with some good successes. If Bill C-2 is implemented in its current form, our organizations would certainly consider it to be a step backward, creating yet another deadly public policy as it clearly will have the impact of denying marginalized and often seriously ill Canadian citizens and their communities access to proven life-saving health services.

I thank you very much.

● (1700)

The Chair: Thank you, Mr. MacPherson.

Now, from the Canadian Police Association, we have the president, Tom Stamatakis.

Mr. Tom Stamatakis (President, Canadian Police Association): Good afternoon, Mr. Chair and members of the committee. Thank you for the invitation to address you this afternoon as part of your continued study on Bill C-2.

As you mentioned, and as most of you know from my previous appearances before this committee, I have the privilege of currently serving as president of the Canadian Police Association, an organization that represents over 54,000 front-line police personnel, both civilian and sworn officers across Canada.

My opening remarks today will be brief. However, I have been closely following the testimony given by other witnesses before this committee. The term “evidence-based” seems to be used quite often, so I'd like to offer you the following today, which should give you an idea of my experience in the area and why I particularly appreciate having the opportunity to present to you today.

I served for 25 years as a constable with the Vancouver Police Department. Currently, along with my duties at the CPA, I am president of the Vancouver Police Union, where Canada's only supervised drug consumption site operates. I believe I can provide you today with an important and first-hand view around why public safety should be an important consideration when discussing supervised consumption sites.

From a front-line policing perspective, Bill C-2 is an important piece of legislation which our association wholeheartedly supports. We believe it strikes an appropriate balance between the needs of protecting community health while taking into account the very real concerns that have been raised by all levels of law enforcement and members of the community regarding supervised drug consumption sites.

I know that your committee has heard concerns raised by opponents to this legislation that the conditions imposed by the bill are onerous and will be difficult to meet for the organizations seeking to open new sites. As a police officer, I am somewhat sympathetic to concerns that paperwork and regulatory frameworks can be difficult and at times even next to impossible to work within. However, I can say that this is the environment that law enforcement professionals work within every day. We don't have the option to cut corners and take the easy way out. Our efforts must be meticulous to pass muster by judges, crown and defence attorneys, community stakeholders, as well as the myriad of oversight bodies that constantly police the police. I don't think it's asking too much of those who wish to work with illicit and dangerous drugs to meet that same standard.

I don't particularly want to use my appearance here today as a platform to re-litigate the merits or drawbacks of supervised consumption sites, but while I will certainly concede that proponents of these sites are passionate advocates who are sincere in their beliefs, I can say that as a police officer who has patrolled and worked in the downtown eastside, there is a significant public safety cost that absolutely must be considered when thoughts are given to opening new sites.

The simple fact is that drugs that are consumed at these sites are illegal substances. An individual doesn't walk to their local pharmacist to obtain their drug of choice. A criminal act takes place with the procurement of their drug. With the grey area that has been created around Insite in the downtown eastside, our officers are asked to exercise incredible discretion in their policing efforts, but the drug dealers are ready and particularly eager to exploit this discretion to the fullest extent possible.

Another unfortunate truth is that those who are using these drugs are not cashing in their RRSPs, selling their stock options, or using their discretionary income to buy their illicit drugs. They're resorting to often desperate, and most often, criminal behaviour in order to obtain the resources necessary to purchase the drugs. This leads to an increase in theft, assault, and prostitution in the immediate area around the site, and sometimes an attempt to inject drugs.

All of this comes at a cost. Very few unbiased observers would walk the downtown eastside of Vancouver and claim using only the eye test that Insite is an overwhelming success. I certainly wouldn't claim that everything in the neighbourhood would be rainbows and unicorns without the presence of Insite; it is an unfortunate and unavoidable byproduct of its continued operation.

This isn't to suggest that we should turn our backs on those who have fallen victim to addiction. It would be impossible for me to list all of the initiatives taken by police services and other agencies across this country to deal with drug consumption. I firmly believe we can build on those programs that have been found to be successful, but while drug initiatives vary widely in scope and in operation, the one constant is that public safety is never jeopardized and the protection of our communities' most vulnerable is always paramount.

Unfortunately, the debate around Insite and any other proposed consumption site has become extremely charged, and in a number of cases very personal. I have witnessed and been targeted by those who don't appreciate my advocacy on behalf of my members in opposition to these sites. While I do try to see the debate from their perspective, I hope today they might try to see it from mine. I have walked the downtown eastside. I've spoken regularly with police officers who are given the difficult and dangerous task of patrolling this area on a regular basis. I can say without a doubt that while studies may trumpet the health benefits of supervised drug consumption, those same studies always underestimate the public safety cost that comes as a result.

In our estimation, Bill C-2 is a reasonable response to the Supreme Court of Canada decision that allows Insite to continue operations.

● (1705)

This proposed legislation doesn't close the door on new consumption sites, but does set an appropriately high standard that needs to be met before these sites can open. It asks for input to be sought from a number of stakeholders, including law enforcement, and our association appreciates the steps taken by the government in this regard.

I would like to conclude by offering one suggestion for amendment within the legislation. Proposed subsection 56.1(3) specifies the consultation conditions that need to be met before the minister authorizes any new supervised drug consumption sites. Proposed paragraph 56.1(3)(e) says that a letter must be obtained from the head of the police force that is responsible for providing police services in the municipality in which the site seeks to operate.

While this is a good first step, I believe the legislation should go further. For instance, the act itself should also specifically designate the president of the local police association union or the staff relations representative as a key stakeholder in the process.

While police executives must have a role in determining conditions for any drug site, the reality is that many executive positions within the police service are determined by a police board that can often be beholden to local politics, whatever they might be. In many jurisdictions across Canada, a police chief's employment is determined by the police board, which is dominated by provincial and municipal political appointments. The president of the local association, however, is elected solely by the front-line civilian and sworn members that make up the police service. His or her views would be shaped by those he or she represents and they would be free to make those views known to the minister.

Aside from that small change, the Canadian Police Association is happy to offer our support for Bill C-2, as we believe that public safety concerns do need to be put on a par with community health concerns when it comes to supervised drug consumption sites.

Once again, I thank you for the opportunity to appear today and, as well, I thank you on behalf of my colleagues who were able to appear last week on this proposed legislation. I look forward to any questions you might have.

● (1710)

The Chair: Thank you very much to all of our witnesses today.

With the impending bells, Ms. Ablonczy, you're up. You have about five or six minutes.

Hon. Diane Ablonczy (Calgary—Nose Hill, CPC): Thank you, everyone, for appearing.

The committee has heard a great deal of testimony already, and some very strongly held views, some of them directly contradictory, so we have a little bit of sympathy for our minister, who is seeking to sort out the merits of a particular proposal for a supervised injection site. Last week, we heard from the Ottawa Police Association and the Toronto Police Association. They testified that “supervised injection sites perpetuate and encourage heavy, damaging drug use”. They said:

> In creating injection sites, we create concentrated trafficking zones. Traffickers will carry only enough drugs to make small but frequent transactions. If stopped by the police, these traffickers will claim immunity, relying on the presumption of innocent possession with a known boundary around the supervised injection site.

They say that supervised injection sites bring “an increase in crime”. They list some of the crimes that they're concerned about and say that the sites “contribute to social and economic deterioration and further victimization where they are located”.

I could go on, but I won't. I'm just asking you, Mr. Stamatakis, whether these observations are in accordance with your own research and your own observations, or whether you would have something different to say.

Mr. Tom Stamatakis: They're very much in accordance with my own observations and the experience of my members. I referred earlier to the incredible amount of discretion that police officers working in the downtown eastside use every day when it comes to enforcement in the downtown eastside. It is very much enforcement related to how to deal with addicts and how to deal with traffickers who are preying upon the addicts, etc.

I think the underlying issue is that addiction does drive a lot of public safety challenges for any community and for enforcement in a community. I wouldn't attribute all of that necessarily to Insite and safe consumption sites, but what a place like Insite or a safe consumption site does is its create an epicentre for that kind of activity and the challenges to occur. I think that if you look at the history of Vancouver going back to 2003 when Insite was established and at what the situation was in 2003 versus what it is today, I'd be hard-pressed to describe to you what the clear benefits have been to having Insite operate in the downtown eastside.

Hon. Diane Ablonczy: Mr. Lebow, I take from your testimony that you feel that some of this characterization is simply a way of stigmatizing such an area, that there is the perception more than the reality of danger. I take it, sir, that you would not be averse to a supervised injection site next door to where you and your family live.

● (1715)

Mr. Barry Lebow: —or where my store or office would be either.

Hon. Diane Ablonczy: Do you think that some of your neighbours or fellow business people where you have your business would feel differently about that?

Mr. Barry Lebow: No. The public perception—word of mouth—is too strong. All the studies of stigma—

Hon. Diane Ablonczy: You don't think that they would have a different opinion than you do about this?

Mr. Barry Lebow: Not when it comes to their own value. No, not if they're owners of property.

Hon. Diane Ablonczy: No one in your neighbourhood would object to having a supervised injection site next door?

Mr. Barry Lebow: Oh, they would object, of course. Sorry, I misunderstood you.

Hon. Diane Ablonczy: Do you feel that their opinion should be taken into account, or only yours?

Mr. Barry Lebow: No. Their opinion matters, very much so.

Hon. Diane Ablonczy: The bill allows a minister to gather viewpoints and information from a wide variety of individuals and organizations that would be affected. Do you see a problem with this?

Mr. Barry Lebow: No, not at all.

Hon. Diane Ablonczy: The process of gathering opinions and information as outlined in the bill is something that the minister is seeking. Mr. MacPherson, do you see a difficulty or an objection to having input from groups, individuals, and authorities that will have to deal with these sorts of sites?

Mr. Donald MacPherson: What Bill C-2 doesn't take into account is the tremendous amount of consultation that goes on at the city level through Development Permit Board hearings, and the notification of residents of any new use, whether it be a detox centre, an injection site, or a police department. The community is consulted on all of these things. It's a tremendous amount of work at the local level.

The Chair: The committee meeting will be abbreviated today due to the bells ringing.

On behalf of the entire committee, we thank our witnesses for appearing here today. We thank you for your testimony. Please, travel safely.

The meeting is adjourned.

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